## FORM D



05069857

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

133:	26	8
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OMB APPROVAL
OMB Number: 323

3235-0076

Expires:

Estimated average burden

hours per response.....16.00

SEC USE ONLY						
Prefix	Serial					
DATE	RECEIVED					
	F1					

UNIFORM BIMITED OF ERING EXEM	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Series A Preferred Stock Offering	[] HOP (2) (2)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
Type of timing.	// nconga2995 ≥
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	() (S) (S)
Layered Media, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
350 West Passaic Street, Rochelle Park, NJ 07662	201-779-1188
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same	Same
Brief Description of Business	
Development of interactive two-way communication products.	
Type of Business Organization	
	please specify): NOV 02 201
business trust   limited partnership, to be formed	1808 02 200
Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: 0 2 0 5 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	mated B THOMSON :: FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e	remntion Conversely failure to tile the
appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

	A BASIC ID	ENTIFICATION DATA		
2. Enter the information requested for the f	ollowing:		-10 - 3 - 2 / - 2 C - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	<u> </u>
• Each promoter of the issuer, if the i	ssuer has been organized w	vithin the past five years;		
Each beneficial owner having the po	wer to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer.
Each executive officer and director	of corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
Each general and managing partner	of partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) More, Avery				
Business or Residence Address (Number and c/o 310 West Passaic Street, Rochelle I		ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Shapiro, Ofer				
Business or Residence Address (Number and C/o 310 West Passaic Street, Rochelle P		ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Eureka Venture Partners I, Ltd.				
Business or Residence Address (Number and C/O 310 West Passaic Street, Rochelle F		ode)		
Check Box(es) that Apply; Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			·····	
Bayless, Jon				
Business or Residence Address (Number and C/O 13455 Noel Road, Suite 1670, Dalla	d Street, City, State, Zip Co s, Texas 75240	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Sella, Guy				
Business or Residence Address (Number and C/o 310 West Passaic Street, Rochelle F		ode)		
Check Box(es) that Apply: Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Sevin Rosen Fund IX L.P.				
Business or Residence Address (Number and c/o 13455 Noel Road, Suite 1670, Dalla	i Street, City, State, Zip Co s, Texas 75240	ode)		
Check Box(es) that Apply: Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) SVE Star Venture Enterprises No. IX G	mbH & Co KG			
Business or Residence Address (Number and Possartsstrasse 9, 81679 Munich, Germ		ode)		

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					Tur's	<b>B</b> ., ]]	NFORMAT	ION ABOU	T OFFERI	ŃG	লাক নিজ্ঞান ক স্বাক্তি স্থানিক			
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the-sfinimum investment that will be accepted from any individual?	1.	Has the	issuer sold	l, or does th	ne issuer it	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?			
3. Does the offering permit joint ownership of a single unit?					Ans	wer also in	Appendíx	, Column 2	, if filing	under ULC	Œ.			
3. Does the offering permit joint ownership of a single unit?	2.	What is	th <b>e</b> minim	um investn			• •						\$_7,0	00.00
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar trenuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed as an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, with solicit purchasers or dealer. Which person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  MT NE NY NN													Yes	No
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, with a state or dealer, with a SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. Which person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	3.			_		_								X
NAM Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	4.	commiss If a perso or states	sion or sim on to be lis , list the na	ilar remune ted is an ass me of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase int of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		-	ast name	first, if indi	ividual)									
Name of Associated Broker or Dealer			Residence	Address (N	lumber and	Street Ci	ty State 7	'in Code)				·		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Dus	SHICSS OF I	Residence	Addiços (14	unioei and	i Sircei, Ci	ity, State, 2	inp Code)						
(Check "All States" or check individual States)  ALL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  ALL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID III NI IA KS KY LA ME MD MA MI NN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID III NI IA KS KY LA ME MD MA MI NN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA	Na	me of Ass	ociated Br	oker or De	aler									
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RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		IL	ĪN	IA			LA	ME	MD				MS	MO
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)														
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		RI	[SC]	SD	TN	[TX]	UT	VT	[VA]	WA	WV	WI	WY	PR
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Ful	l Name (I	ast name	first, if indi	ividual)		***************************************							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	<u></u>				1			<del></del>						
(Check "All States" or check individual States)	Nai	me oi Ass	ociated Br	oker or De	aier									
AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States) All States  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA	Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
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Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)														PA
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		RI	SC	SD	TN	TX	UT	[VT]	VA	WA	WV	WI	WY	PR
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Ful	l Name (I	ast name	first, if indi	ividual)	October 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	······································				······································			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)					· <del></del>	
(Check "All States" or check individual States)  All States  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA	Nai	me of Ass	ociated Br	oker or De	aler		<del></del>		·					
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA	Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		·				
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IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA		AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
			IN	IA	[KS]	KY	LA	ME	MD	MA				
		MT RI	NE SC	NV SD	NH) [TN]	NJ TX	NM UT	NÝ VT	NC VA	ND WA	OH WV	OK)	OR WY	PA PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		\$
	Equity	§ 6,250,000.00	\$_5,000,000.00
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)		
	Total	<u>6,250,000.00</u>	\$ 5,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 5,000,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		\$ 5,000,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		3
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	<del></del>	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 70,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 70,000.00

	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is	the "adjusted gross	\$6,180,000.00
	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furni If the payments listed must equa	sh an estimate and	
			Payments to	0
			Officers, Directors, & Affiliates	& Payments to Others
	Salaries and fees			[]\$
	Purchase of real estate		<del></del>	
	Purchase, rental or leasing and installation of ma and equipment	chinery		\$
	Construction or leasing of plant buildings and fa			
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	due of securities involved in the	is	_
	issuer pursuant to a merger)			_
	Repayment of indebtedness			
	Working capital	***************************************		\( \frac{1}{2} \) \( \frac{1} \) \( \frac{1} \) \( \frac{1}{2} \) \( \frac{1}{2}
	Other (specify):			_ U³
			🗆 \$	\$
	Column Totals		s_0.00	\$ <u>6,180,000.0</u> 0
	Total Payments Listed (column totals added)			6,180,000.00
4		D. FEDERAL SIGNATUI	<b>ut</b> .	
igi	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-ac	rnish to the U.S. Securities and	Exchange Commission, upon wr	Rule 505, the following itten request of its staff,
SSI	ner (Print or Type)	Signature O	Date	1.5
_a	yered Media, Inc.	W X	1012	0/05
lai	me of Signer (Print or Type)	Title of Signer (Print or Typ	e)	
fο	r Shapiro	Chief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	and the same of th	e, state signature		
1		17 CFR 230.262 presently subject to any of the disqualification	Yes	No <b>€</b>
	6.7	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Layered Media, Inc.	200	10/20/05
Name (Print or Type)	Title (Print or Type)	
Ofer Shapiro	Chief Executive Officer	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX									
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA	į								
СО									
СТ									
DE									
DC									
FL									
GA									
н									
ID									
ΠL									
IN									
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KS							·		
KY									
LA									
ME									
MD									
MA									
MI							 <del></del>		
MN									
MS									

### APPENDIX 1 2 3 4 5 Disqualification under State ULOE Type of security and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount **Investors** Amount Yes No MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SCSD TN Preferred Stock TX \$2,500,000 0 \$2,500,000 UT VT VAWA wv WI

APPENDIX									
1	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR									